

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28127 (1)

1. Corporation Name

BOOT RANCH MASTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O STERLING MGMT
1301 SEMINOLE BLVD. STE 172
LARGO FL 34640
US

C/O STERLING MGMT
1301 SEMINOLE BLVD. STE 172
LARGO FL 33770-8113
US

3. Date Incorporated or Qualified
08/30/1988

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
34-1601287

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERLING MGT, INC.
1301 SEMINOLE BLVD.
SUITE 172
LARGO FL 34640

81 Name STERLING FIN. & MGMT, INC.

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRENNAN, NEIL F.	
STREET ADDRESS	10800 BROOKPARK RD.	
CITY - ST - ZIP	CLEVELAND OH	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	PRECHTEL, RICHARD E.	
STREET ADDRESS	10800 BROOKPARK RD.	
CITY - ST - ZIP	CLEVELAND OH	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MONCHEIN, ROBERT F.	
STREET ADDRESS	10800 BROOKPARK RD.	
CITY - ST - ZIP	CLEVELAND OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GARY PAPA	
1.3 STREET ADDRESS	1857 SPUR LANE	
1.4 CITY - ST - ZIP	PALM HARBOR, FLORIDA 34685	
2.1 TITLE	V.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TRAMMEL CROW	
2.3 STREET ADDRESS	541 SOUTH ORLANDO AVE #210	
2.4 CITY - ST - ZIP	MAITLAND, FLORIDA 32751	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Miller	
3.3 STREET ADDRESS	45 CATHERINE Blvd	
3.4 CITY - ST - ZIP	PALM HARBOR, FLORIDA 34685	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

Gary Papa REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/97
Date

(813) 559-0000
Daytime Phone # 0049608

CR2E037 (9/96)